Request a Meeting with the CMS Administrator

1
Welcome

Welcome!

This page is specifically for requesting a meeting with the CMS Administrator.

If you use this secure CMS portal to electronically submit your request, please do not submit the same request via alternative methods, such as email. Submitting your request multiple times can delay processing.

Please select one of the following:

- (•) I am requesting a meeting with the CMS Administrator
- ( ) I am requesting the CMS Administrator to speak at an event, or participate in a site visit or other offsite event
- ( ) I am requesting an interview, or this is a media-related inquiry

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Request a Meeting with the CMS Administrator

1 Welcome — 2 Requestor

Great! Let's get your information.

Please fill out your information below.

Complete the form below to proceed. Fields with an asterisk (*) are required.

First Name*

Last Name*

Position*

E-mail*

Phone Number*

Organization Full Name*

Organization Acronym

Parent Company or Coalition

Website (URL)

Address Line 1*

Address Line 2

City*

State*

Zip Code*

Is this person a member of a lobbying firm?*

- O Yes
- O No

Is this person attending the meeting?*

- O Yes
- O No

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Request a Meeting with the CMS Administrator

1 Welcome — 2 Requestor — 3 Point of Contact

OK! Now let's get the information for the meeting point of contact.

Please tell us a little bit more about the person responsible for coordinating meeting logistics.

ⓘ Complete the form below to proceed. Fields with an asterisk (*) are required.

☐ Same as Requestor

First Name*

Last Name*

Position*

E-mail*

Phone Number*

Organization Full Name*

Organization Acronym

Parent Company or Coalition

Website (URL)

Address Line 1*

Address Line 2

City*

State*

Zip Code*

Is this person a member of a lobbying firm?*

- ○ Yes
- ○ No

Is this person attending the meeting?*

- ○ Yes
- ○ No

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Request a Meeting with the CMS Administrator

1 Welcome — 2 Requestor — 3 Point of Contact — 4 Organizations

Now tell us about the organization(s) that want to meet.

Please tell us a little bit more about the organization(s) that want to meet with the CMS Administrator.

Enter at least one organization to proceed. Fields with an asterisk (*) are required.

Requestor Organization

Full Name*

Example Organization

Acronym

Parent Company or Coalition

Website (URL)

Address Line 1*

123 Sample Street

Address Line 2

City*

Smithville

State*

AR

Zip Code*

12345

+ Add another organization

Lead Organization*

Lead Organization Description*

Please provide a brief, 1-2 sentence description of the lead organization.

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Request a Meeting with the CMS Administrator

1 Welcome — 2 Requestor — 3 Point of Contact — 4 Organizations — 5 Attendees

Next, give us some info about who will be attending the meeting.

Please list all expected meeting attendees (e.g. support personnel, travel staff, and security detail).

Due to federal security requirements, individuals not included on the submitted attendee list may be denied access to government facilities.

Enter at least one attendee to proceed. Fields with an asterisk (*) are required.

Requestor

Name*

John Smith

Include honorific if applicable

Position

President

Organization*

Example Organization

Is this attendee a registered lobbyist?*

- ○ Yes
- ◉ No

Is this attendee a foreign national?*

- ○ Yes
- ○ No

Additional time may be needed to process your request with foreign nationals. Foreign nationals have additional documentation requirements if attending in person.

+ Add another attendee

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Request a Meeting with the CMS Administrator

1 Welcome — 2 Requestor — 3 Point of Contact — 4 Organizations — 5 Attendees — 6 Meeting Details

OK! Let's get some details on meeting logistics.

Please tell us the following information to help with coordinating your request.

Complete the form below to proceed. Fields with an asterisk (*) are required.

Requested Meeting Dates/Times*

Please note that meetings are typically scheduled at least 3-4 weeks in advance and usually for 30 minutes. While we cannot accommodate all specific requests, providing a couple of options assists the scheduling team.

Requested Meeting Format/Location*

- ○ In-Person (DC / Humphrey)
- ○ In-Person (Baltimore / Woodlawn)
- ○ Virtual
- ○ Hybrid (In-Person and Virtual)

Meeting Type*

- ○ Meet and Greet
- ○ Policy/Program
- ○ Other

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Request a Meeting with the CMS Administrator

1 Welcome — 2 Requestor — 3 Point of Contact — 4 Organizations — 5 Attendees — 6 Meeting Details — 7 Other

Almost done! Let gather a few more things before we are ready to review.

Please share details on the topics for discussion, along with any helpful background or additional context.

Complete the form below to proceed. Fields with an asterisk (*) are required.

Description of Discussion Topics*

Has the lead organization or parent company met with CMS within the past twelve months?*

- Yes
- No

If the CMS Administrator is not available, would you be willing to meet with a CMS alternate?*

- Yes
- No

CMS values opportunities to connect with stakeholders and appreciates your interest. While we may not be able to accommodate all requests, providing a few options will assist the scheduling team.

Please provide any additional comments or information you would like to share:

Please upload any additional supporting information.

You can upload multiple files, but the cumulative file size cannot exceed 20 MB. Only the following file types are allowed: gif, jpg, jpeg, png, txt, pdf, doc, docx, xlsx, xls, pptx, ppt.

Upload documentation...

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Request a Meeting with the CMS Administrator

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Please review the information you have entered before submitting.

Requestor

Edit

Name
John Smith

Position
President

Email
smith@example.com

Phone
(123) 456-7890

Organization Full Name
Example Organization

Organization Address
123 Sample Street
Smithville, AR 12345

Requestor is a Member of a Lobbying Firm
No

Point of Contact

Edit

(Same as Requestor)

Organization (Lead)

Edit

(Same as Requestor Organization)

Description
Description of Example Organization

Attendee

Edit

Name
John Smith

Position
President

Organization
Example Organization

Attendee is a Registered Lobbyist
No

Attendee is a Foreign National
No

Meeting Details

Edit

Requested Meeting Date(s)/Time(s)
Second week of April

Requested Meeting Format/Location
In-Person (DC / Humphrey)

Meeting Type
Meet and Greet

Other

Edit

Description of Discussion Topics
Discussion Topic Description

Attendee Has Met with CMS Leadership Recently
No

Willing to Meet with Alternate
No

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Submit

Your request has been submitted!

You will receive a confirmation email shortly. Please email CMS_Meeting_Request@cms.hhs.gov if you need to modify or cancel your request.

Thank you for your interest in meeting with the CMS Administrator. The Administrator values opportunities to connect with stakeholders and appreciate your interest. CMS will try to honor your requested dates and times; however, scheduling will depend on availability, and we may not be able to accommodate all requests. Please refrain from submitting multiple requests. Requests will be processed in the order in which they are received.

Thank you for using the CMS Meeting Request Portal!

Click here to start a new request